2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000029253

Entity Name: THE DIOGENES COMPANY

FILED Jul 07, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
201 RUBY AVENUE								
C KISSIMMEE, FL 34741								
Current Mailing Address:				New Mailing Address:				
9 WESTCHESTER DRIVE KISSIMMEE, FL 347445826				201 RUBY AVENUE KISSIMMEE, FL 34741				
FEI Number:	59-3503720	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status De	esired ()	
Name and	Address of	Current Registered Agent:		Name and	Address of Ne	ew Registered Age	nt:	
AMES, WILLIAM I JR 9 WESTCHESTER DRIVE KISSIMMEE, FL 347445826 US								
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.								
SIGNATURE:								
Electronic Signature of Registered Agent					Date			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().								
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	AMES, WILLIA 9 WESTCHES			Title: Name: Address: City-St-Zip:	()(Change () Addition		
Title: Name: Address: City-St-Zip:	VP (BRUNETTE, L PO BOX 590 LACENTER, W			Title: Name: Address: City-St-Zip:	()(Change()Addition		
Title: Name: Address: City-St-Zip:	VP (GOUIN, JEAN 10112 QUIET JESSUP, MD	WATER WAY		Title: Name: Address: City-St-Zip:	()(Change()Addition		
Title: Name: Address: City-St-Zip:	VP (FULWIDER, J PO BOX 479 AMORY, MS			Title: Name: Address: City-St-Zip:	()(Change()Addition		
Title: Name: Address: City-St-Zip:	VP (SYLVESTRE, 2609 MILTON KISSIMMEE, F	AVENUE		Title: Name: Address: City-St-Zip:	()(Change () Addition		
Title: Name: Address: City-St-Zip:	,			Title: Name: Address: City-St-Zip:	VP (X) C ERWIN, ROCHEI 1755 KING EDW KISSIMMEE, FL	'ARD DRIVE		
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears								

SIGNATURE: WILLIAM I AMES JR PD 07/07/2007

above, or on an attachment with an address, with all other like empowered.